Dickinson County Special Needs Alerts and Identification Participation Form

If you are a parent, guardian, or caregiver of an individual with medically diagnosed special needs, disabilities or other additional needs. Please complete the following form to participate in the program.
Answer all questions completely and accurately as this
Information will be utilized to create the alert in our database that is utilized by all Police, Fire and EMS agencies along with OCCK within Dickinson County. If you have a question regarding any portion of the form, send an email to DKCOSAID@occk.com.

Please provide information on the individual who will have the S.A.Id. Alert

First name: *_____

Middle name: _____

Last name: *_____

Nickname(s) / Name(s) individual responds to:

_____

Date of birth: *_____

Home phone: _____

Cell phone: _____

Cell phone provider: _____

Home address: *_____

City: *_____

State: *_____

If the child is under 18, do they consider more than one place “home”? If so please complete the Secondary Residence below, if not please continue to Descriptive Information

Secondary Residence:

Home address: *_____

City: *_____

State: *_____

Descriptive information:

Race: _____

Gender: _____

Height: _____

Weight: _____

Hair color: _____

Eye color: _____

Please list any physical identifiers (scars, marks, tattoos, physical conditions):

_____

Please provide vehicle information on the individual who will have the S.A.Id. Alert

Make: _____Model: _____

Year: _____ Color: _____

Tag #_____

What are the individual's special needs?
(Check all that apply)

__ Visually impaired
__ Legally blind
__ Hearing impaired
__ Deaf
__ Immobile
__ Non-verbal
__ Diabetes
__ Seizure disorder
__ Speech impaired
__ Prosthesis
__ Cerebral Palsy
__ Down Syndrome
__ Muscular Dystrophy
__ Traumatic brain injury
__ Cognitively / developmentally delayed
__ Mood disorder / mental illness
__ Paralysis (full or partial)
__ Parkinson's
__ Alzheimer's / Dementia
__ Autism Spectrum Disorder / Asperger Syndrome
__ Other (Please Specify) _____

Which of the following apply to this individual?
(Check all that apply)

__ Responds to verbal commands
__ Communication / speech delay
__ Communicates with PECS or other devices
__ Communicates with sign language
__ Scared of fast movement / crowds
__ Use of eye glasses
__ Responds well to touch
__ Light / siren sensitivity
__ Sound sensitivity
__ Use of hearing aids
__ Color sensitivity
__ High pain tolerance
__ Wheelchair / walker / lift
__ Tendency to wander
__ Fascination with water
__ Tendency to hide
__ Other (Please Specify) _____

What upsets this individual? _____

_____

What is their safety item or something that calms them down? _____

_____

If they are known to wander:

Where is their favorite place or a common hiding place INSIDE the home?

_____

Where is their favorite place or a common hiding place OUTSIDE of the home?

_____

Name of school or daycare or care program:

_____

Address: _____

City: _____

State: _____

Zip code: _____

Phone number: _____

Email address: _____

Primary emergency contact:

Relationship: * _____

First name: * _____

Middle name: _____

Last name: * _____

Date of birth: * _____

Home address: * _____

City: * _____

State: * _____

Zip code: * _____

Home phone: _____

Work phone: _____

Cell phone: _____

Email address: _____

Secondary emergency contact:

Relationship: _____

First name: _____

Middle name: _____

Last name: _____

Date of birth: _____

Home address: _____

City: _____

State: _____

Zip code: _____

Home phone: _____

Work phone: _____

Cell phone: _____

Email address: _____

Photo:

We request that you include a recent photo of the individual. Please email a digital version (.png or .jpg format) of a recent photo of the individual that includes only their head and shoulders to DKCOSAID@occk.com. Make sure to include the individual's name and date of birth in the email. If you need assistance with getting a recent photo please reach out to OCCK either by email at DKCOSAID@occk.com or by phone at (785) 263-2208 EXT 3 and they will be happy to assist you.

Additional Information:

If there is any additional information you would like to include, please do so here. Additional pages may be attached if needed.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

By submitting this form, I certify that the information provided is true and accurate to the best of my knowledge. I understand that I voluntarily provided the information listed within this form and that it will not result in any type of preferential treatment from first responders. I hereby grant the Dickinson County Emergency Communication Center to create an alert utilizing the above information and consent to that information being shared with the Law Enforcement, Fire, Emergency Medical Services and OCCK of Dickinson County.

Signature: _____Date: _____